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PTO/SB/21 (08-00)
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		Application Number	40/050 040		
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Filing Date	11/07/2001		
		First Named Invent	or De et al.		
		Group Art Unit	2681 // AUG 2		
		Examiner Name	Not Yet Known 2002		
Total Number of Pages in This Su	ıbmission 6	Attorney Docket Nur	1 0 0 1 7 0 1 1 0 1		
	ENCL	OSURES (ch	eck all that apply)		
✗ Fee Transmittal Form	Assignm (for an a	nent Papers Application)	After Allowance Communication to Group		
Fee Attached	Drawing		Appeal Communication to Board of Appeals and Interferences		
Amendment / Reply	Licensin	ng-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
After Final	Petition		Proprietary Information		
Affidavits/declaration(s)	Provision	to Convert to a onal Application	Status Letter		
Extension of Time Request	Power of Change Address	of Attorney, Revocation of Correspondence	Other Enclosure(s) (please		
Extension of time request		al Disclaimer	L ' Identify below):		
Express Abandonment Request	Reques	st for Refund			
X Information Disclosure Statement	CD, No	umber of CD(s)	RECEIVED		
Certified Copy of Priority Document(s)	Remarks		AUG 1 3 2002		
Response to Missing Parts/ Incomplete Application			Technology Center 2600		
Response to Missing Parts under 37 CFR 1.52 or 1.53					
SIGNA	ATURE OF APPL	ICANT, ATTORNEY,	OR AGENT		
Jeffrey M. Glabicki			Reg. No. 42,584		
or Individual name Volpe and Koenig, P.C.					
Signature ////////////////////////////////////					
Date August 5, 2002					
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Volpe and Koenig Revision of PTO/SB/17 (10-01)
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FEE TRANSMITTAL for FY 2002

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Complete if Known				
Application Number	10/052,943			
Filing Date	11/07/2001			
First Named Inventor	De et al.			
Examiner Name	Not Yet Known			
Group Art Unit	2681			
Attorney Docket No.	I-2-0173.1US			

METHOD OF PAYMENT	FEE CALCULATION (∞ntinued)					
1. The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES					
Deposit	Large Small					
Account Number 22-0493	Entity Entity Fee Fee Fee Fee	Fee Description Fee Paid				
Deposit	Code (\$) Code (\$)	, oo 2000, p				
Account Name VOLPE AND KOENIG, P.C.	105 130 205 65 Surcharge	- late filing fee or oath				
Charge any Deficiencies or Credit any Overpayment	127 50 227 25 Surcharge cover shee	e - late provisional filing fee or				
in the Total Fees Associated With This Communication		sh specification				
Applicant claims small entity status. See 37 CFR 1.27	•	a request for ex parte reexamination				
2. Payment Enclosed:						
Check Credit card Money Other	Examiner	action SIR after SIR after				
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1. BASIC FILING FEE Large Entity Small Entity	116 400 216 200 Extension	for reply within second months III.				
Fee Fee Fee Fee Description	117 920 217 460 Extension	for monty within third month				
Code (\$) Code (\$) Fee Paid 101 740 201 370 Utility filing fee	118 1,440 218 720 Extension	for reply within fourth month 2000				
106 330 206 165 Design filling fee	128 1,960 228 980 Extension	for reply within fifth month				
107 510 207 255 Plant filing fee	119 320 219 160 Notice of A	Appeal S				
108 740 208 370 Reissue filing fee	120 320 220 160 Filing a bri	ief in support of an appeal				
114 160 214 80 Provisional filing fee		or oral hearing				
SUBTOTAL (1) (\$) 0		institute a public use proceeding				
		revive - unavoidable				
2. EXTRA CLAIM FEES		revive - unintentional e fee (or reissue)				
Extra Claims below Fee Paid	142 1,280 242 640 Utility issue 143 460 243 230 Design iss	· · · · · · · · · · · · · · · · · · ·				
Independent = X	144 620 244 310 Plant issue					
Claims Multiple Dependent =	122 130 122 130 Petitions to	o the Commissioner				
	123 50 123 50 Processing	g fee under 37 CFR 1.17(q)				
Large Entity Small Entity	126 180 126 180 Submissio	on of Information Disclosure Stmt				
Fee Fee Fee Fee Description Code (\$) Code (\$)		each patent assignment per				
103 18 203 9 Claims in excess of 20		times number of properties)				
102 84 202 42 Independent claims in excess of 3		ubmission after final rejection § 1.129(a))				
104 280 204 140 Multiple dependent claim, if not paid	, ,	additional invention to be				
109 84 209 42 ** Reissue independent claims over original patent	examined	1 (37 CFR § 1.129(b))				
110 18 210 9 ** Reissue claims in excess of 20	179 740 279 370 Request for	or Continued Examination (RCE)				
and over original patent	169 900 169 900 Request t	for expedited examination gn application				
SUBTOTAL (2) (\$) 0	Other fee (specify)					
SUBTOTAL (2)		SUBTOTAL (3) (\$) 0				
**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) U						
SUBMITTED BY Complete (if applicable)						
Name (Print/Type) Jeffrey M, Glabicki Registration No. (Attorney/Agent) 42,584 Telephone 215-568-6400						

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